IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Philippe Rouanet et al.

Title:

PREVENTION AND TREATMENT OF BREAST CANCER

WITH 4-HYDROXY TAMOXIFEN

Appl. No.:

Unassigned

Filing Date:

December 15, 2003

Examiner:

Unknown

Art Unit:

Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Philippe Rouanet Dominique Salin Drouin Jacques Wepierre

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:	
Eliciosed are.	
[X]	Specification, Claim(s), and Abstract (40 pages).
[X]	Formal drawings (4 sheets, Figures 1, 2, 3 & 4).
[]	Declaration and Power of Attorney (pages).
[]	Assignment of the invention to Ascend Therapeutics, Inc
[X]	Application Data Sheet (37 CFR 1.76).
r 1	Claim for Convention Priority

The filing fee is calculated below:

	Claims		Included		Extra	·	Rate		Fee
	as Filed		in		Claims				Totals
		I	Basic Fee						
Basic Fee							\$770.00	=	\$770.00
Total Claims:	31	-	20	=	11	x	\$18.00	=	\$198.00
Independents:	3	-	3	=	0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
Surcharge unde	er 37 CFR 1.	16(e)	for late fili	ing o	f	+	\$130.00		\$130.00
Executed Decla	aration and I	ate pa	yment of fi	iling	fee			=	
							SUBTOTAL:	=	\$1098.00
[]			Small Enti	ty Fe	es Apply	(subtr	act ½ of above):	=	\$0.00
						TOTA	L FILING FEE:	=	\$1,098.00

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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